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FRANK S. PARSONS, M.D., - Editor, DORCHESTER, BOSTON, MASS.

JOSEPH R. CLAUSEN, A.M., M.D., Manager, No. 717 BETZ BUILDING, PHILADELPHIA. PA.

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Original

CONGENITAL TEETH.*

BY E. S. McKEE, M. D., CINCINNATI, O.

February 22, 1896, the author was called to see Mrs. L., a III para in labor, at the eighth month of gestation. Twins, both male, were soon delivered; one was found to have the two inferior incisor teeth presented, both children being small and poorly developed. The mother was a small woman. Both teeth were loose, and one dropped out at the tenth week. The child died at the twelfth week, the one tooth being lost, the other is still in my possession. It died suddenly and away from home. The physician who was called ascribed the cause of death to meningitis.

The premature eruption of the teeth,I suppose,is due to some abnormal development of the bone. Probably most cases have some connection with rickets, and appearances would indicate that this child had rickets. In some children who cut their teeth very early the fontanelles close early, but not in those cases where the teeth are congenital. The enamel is very thin in these teeth and the teeth are without roots. One of them, the first which cut through, was in danger of dropping out all the time. Congenital teeth are quite rare. Paris Maternity reports out of 17,578 births between 1858 and 1868 only three cases of congenital teeth; about 1 : 6000 out of 500 cases collected by Magitot in 1876, in which the eruption of the first tooth was noted, only one was congenital.

Ballantyne, in the Edinburg Medical Journal for May, 1876, reports seventy cases gleaned from the literature. Premature labor in the case of congenital teeth has occurred in the cases of Crausins, at the sixth month; Helwig, at the seventh, and Lamm, which is reported as occur-

* Patient presented to the Obstetrical Society, of Cincinnati, April, 1896.

ring prematurely, and the case reported by the author, occurring at the eighth month. Hair was noted as well as teeth in the cases of Bartholin, a tuft of yellow hair on the left cheek, as well as two molars. Schurig also reports a similar case. Precocious mental development does not seem to follow premature eruption of the teeth, only one case, being Mattei's second, a girl of five years, nor does the opposite seem to be indicated. Perhaps this idea has gained credence from Pliny. The early closure of the cranial sutures and fontanelles, in association with congenital dentition, has been claimed by Mackenzie, but Jacobi has never noted it and Forchheimer has found large fontanelles and diastatic sutures quite as common.

Etiology of congenital teeth is probably best described as the premature occurrence of the processes which normally lead to the cutting of the milk teeth; in a few instances it is probably due to a true ectropia of the dental follicle and its tooth. The extraction of teeth in the mother during pregnancy occurred in the cases of Flesch. She had ten teeth extracted in the third month, and in the author's case two teeth were extracted also in the third month. The mental influence of this is a matter of conjecture. Inheritance is shown in the case of Mattei, the infant's mother had also been born with a tooth, and in Limrick's case the mother had two congenital teeth; her second child, a boy, had the same anomaly, and her sister's child, a girl, also had two congenital lower incisor teeth. Molar teeth are only reported by Jacobi, Bartholin, Bouchut and Kaufman.

Treatment: A tooth dangling uselessly and aimlessly in the mouth should unquestionably be removed; otherwise, a safe rule is to let it alone, unless there are special indications present for action. Then teeth are sometimes so situated as to prevent complete closure of the mouth, to make nursing painful, futile, and to endanger the nourishment or life of the child. Under these conditions the way is clear for action. Magitot probably magnifies the danger from hemorrhage in extracting congenital teeth. Having lost one child he lays down the rule never to extract these teeth. The hemorrhage recurred on four separate occasions and proved fatal, in spite of all treatment. This is the only case where serious hemorrhage followed. If the child is puny and delicate, perhaps syphilitic, hemorrhages are possible. Some authors claim the possibility of no milk teeth appearing to fill the vacancy. They serve as a curiosity for medical men and students, a sight many do not get to see in a lifetime.

Shakespeare mentions the subject quite frequently: In "Richard III" the Duchess of York says: "Marry, they say, my uncle grew so fast that he could gnaw a crust at two hours old. 'Twas full two years ere I could get a tooth."

Queen Margaret: "That dog that had his teeth before his eyes." King Henry VI: "Teeth hadst thou in thy head, when thou wast born. To signify, thou cam'st to bite the world." Richard: "For I have often heard my mother say: I came into the world with my legs forward. The midwife wondered, and the women cried: 'O, Jesus, bless us; he is born with teeth.' And so I was, which plainly signified that I should snarl and bite and play the dog."

In English and French history we hear of the mention of Richard III, Louis XIV, Richelieu, Miraban and Mazarin.

THE MICROSCOPE AND ITS NEW REVELATIONS OF IMPORTANCE IN THE PREVENTION OF DISEASE—TUBERCULOSIS AND CANCER.

vs.

THE MICROSCOPE AND ELECTRICITY AND NERVE FEEDING.

BY E. C. MANN, M. D., F. R. S., NEW YORK.

The mind of a healthy man instinctively recoils from the contemplation of the degenerative changes in the human body, which are the first prophecies of decay and death, and turn with the elasticity of youth itself to the bright and rosy and joyous side of energy, love and faith. The good emperor, Marcus Aurelius, was wont to say that we should live as if every day was to be the last. So we ought, but how much less doleful is it to spring out of bed, take a cold sponge bath, and either take a horseback ride, a spin on one's wheel or pull on the oar in a shell; or take one's gun and bring home sixty or seventy snipe from south of the lighthouse on Fire Island, between 3 A. M. and 8 A. M.; or up in Vermont, at Middleton Springs, bring home a fine breakfast of brook trout, varying from one-quarter to three-quarters pounds a piece, lying in the beautiful green moss one can get in the same meadow, just up a mile or so from the old barn. My would-be fishermen whom I hear asking "where;" No! I insist that when the fine September air makes of simple existence a pleasure, and the music of the buzzing reel on a trout rod; the crack! bang! of the two barrels you let fly at the bunch of snipe just settling among your "stool" or decoy, as you lie behind your "blind;" the snorting and mimicry, if your true Kentucky-bred saddle-horse which Railey brings on here every year; the poetry of motion of your wheel, with the added pulsation of your pulse, even when the object of one's affections is riding either alongside or on the tandem wheel; the jump of your shell through the water, as invigorated by the magnificent autumn air you dip your oars deep for a trial record-breaking race with some early-rising friend from the adjoining boat club. All these are much better, morally, physically, psyschically and every other way than to sleep late in the morning.

We believe that a religion of energy, love and faith is good enough for anybody, man or woman, and if you "fear God and keep the bowels open," as old Dr. Abenethy used to tell his London patients, one will do pretty well, as this world goes, and the next also.

Now, to get from sentiment to science: I have to announce to my professional conferees the discovery or the finding, while working the microscope, of the fact that the essence of inflammations in the human body consists in a perversion of the functions of the standing of the corpuscular elements of the blood. We are on the threshold of the solving of some of the biggest—if I may use the word—problems as to how men live and how men die that the world has yet seen. This is an iconoclastic age. Investigation, with every student, precedes agitation. I do not keep in professional work with deductions in sociology, preceding the knowledge of facts, before I know the structure and functions of the social microscope; any more than

Schaffle, of Austria, does, in his magnificent work on sociology, his three most distinguished followers here being Lester H. Ward, Mr. Vincent and Mr. Small. I wrote in '86 on prenatal education and post-natal enrichment. In 1886 I was working my microscope in the structure and functions of the brain and of the entire nervous system, and a letter from Dr. Oliver Wendell Holmes, of encouragement and generous praise is my most prized possession to-day. Just so in the field of theologic science—for if not scientific it is nothing; and it is scientific, and it is true, and it is a guide; i. e., the Bible is, both in the training of children and the conduct of life and in the study of an individual psychology, which bright minds, like that of Dr. Elizabeth Storr Brown, and I use her name because she read before the Academy of Anthropology, of which I have the honor to be president, the best essay on "The Psychology of the Infant" I ever listened to; and it is confidently asserted every day by some pseudo-scientists that a woman's mind is a thing inferior, that cannot reason in the abstract. I once heard one of these men make the address of a social agitator; full of hasty, unwarranted social conclusions, and wild, hair-brained theories of social action, which were pretty much the same in essence as those whose full fruition was in the French Revolution, and which, even as I write, are those which have taken such root in American soil that to the minds of thoughtful students of society makes it seem problematical whether they can be exorcised until society has learned their delusion at a fearful cost. The grand victory in Vermont and in Maine, however, showing that while we must not let them lead us into relaxing one single effort to bulwark the nation, yet that the man is nearest right who has the greatest faith in the resources of our country and all that our flag and our Union and the Constitution and a high and a pure Judiciary stand for.

I have discovered, and I do not think I am alone in the discovery, that the bone shafts of the human body are penetrated by the lymphatics, which are small, transparent vessels arising in the various tissues, provided with valves, like the veins, and running toward the heart. They are occasionally interrupted by lymphatic glands, and carry the leakage of the blood vascular system and the waste of the tissues back into the nervous system. The place for discharge for the drainage of the right side of the head, right arm and adjacent regions of the trunk is at the junction of the right subclavian and right jugular veins, while the lymph from all the rest of the body, through the thoracic duct, pours into the blood at the corresponding place on the left side. That part of the lymphatic system which runs from the intestine takes up some of the products of digestion, and the vessels are here called lacteals. We may regard lymph, provisionally, as an alkaline fluid like blood; in fact, blood, minus its red corpuscles and diluted with water, so as to be somewhat less dense than the serum of blood, which contains about eight per cent. of solid matter. I said we are on the borderland of a great discovery; indeed, of several great discoveries. We are. We are on the borderland of the prevention of both these diseases. The solving of the problem of ridding the world of the two great destructive diseases of consumption, or tuberculosis, and of cancer, is going to depend on two things, and for myself, although I have worked the microscope for twenty years, I feel myself only a student; but I try to be a careful observer of what I see. The key to the solution of this problem is, I am satisfied, in preventing the retrograde changes which result in these two diseases. These retrograde changes in the human body are a lessening of vitality and an increased lessened resistence of the tissues to tubercular phthisis and to cancer by a lessened central vitality, which depends, or seems to depend, in my studies with the microscope, upon the arrest of the whole force of the sanguinous or blood wave. If the body, by the advancing conden-

sation of bone, for one thing, which obliterates whole systems of blood and lymphatic vessels, mix the loss of the elastic, resilient, cancelous substance in various situations in the body, and the consequent loss of blood vessels, we do get a lessened resistance to disease, and we do not get any compensating increase in any other part of the body of the blood wave; on the contrary, as a friend of mine wittily said, it is "worse and more of it," for with the shrinkage of bone tissue come a lot of other degenerative changes, many of them premature, in the part of those who start in life to get all they can out of it in as short a time as possible, and from the cradle to the grave never take intelligent care of themselves. We have seen what the first of the causes of these two destructive diseases, consumption, is,viz.: a lessened vitality and lessened resistance to disease depending in a lessened sanguinous wave.

The second is a secondary change in the corpuscular elements in the blood. Science is progressive. What we think we know one year we have to abandon the next on account of some important discovery which revolutionizes all our work and probably our very method of work. With different facts discovered our conclusions are very different, and the therapy has to be reconciled and adjusted to facts and the conclusions from a close and careful, and in the present case, a microscopical investigation of them. To-day we know that we have not only white and red blood corpuscles, but also that we have the matured blood disc; the hematoblast and granule, beside the various types of the red blood corpuscle, seen under the microscope, and induced by artificial or pathological conditions. It is in the finer changes in the morphological characters of the corpuscles, appearing in the disturbance of the functions of the structures of the body, and especially, the action of the corpuscular elements of the blood. I do not cling to that class of investigators who mistake novelty for improvement. On the contrary a good microscopist, with a good method of investigation, derived from a good instructor, and I claim for myself. the two latter at least, is about the last man to be led astray by theories. He is looking for facts, and upon them only. will he accept conclusions. He sees, and he observes what he sees, which Professor Alonzo Clark used to say, "makes an educated physician and surgeon." You have all seen the jelly-fish in the water spread widely out its prolongations or tenacles, and by the current which it causes to rotate in its direction take in the crowds of small organisms which makes a part, if not the majority, of its food supply. The leucocyte, apparently, of various species in the blood, possesses ameboid movements in precisely the same manner; it engulfs with its prolongations whole groups of bacteria at once, and, I think, destroys them, thus proving, if we regard this fact as proved, which some men do not, but which I do, its possession of phagocytic or batericidal properties. This colorless corpuscle is relatively scarce in the blood. It is a neucleated body, much larger than the colored blood corpuscle. I have noticed that when I have withdrawn blood from the body that the proportion of leucocytes is very much diminished. Indeed, never once have I been able to discover the same numerical proportion of leucocytes in the withdrawn blood as could be seen in the living, moving blood current under the microscope. They disappear; how, I do not know; but I think their molecular death and entire disappearance in the way I have mentioned brings us to the verge of another great discovery; for do we not know that death ensues in a few moments after air gets an accidental entrance to a veiu? We certainly do. This fact is not only indisputable, but, unhappily, not infrequent. A child died in the hands of its father, a good physician, who was employing serum-therapy as a prophylactic against diphtheria a few weeks ago. What killed it? The serum, prepared for use in diphtheria, by a good firm?

Probably not. It was doubtless the entrance of air into a vein, which was accidentally struck while injecting serum, an accident that has happened a good many more times, I fancy, than will ever be published, and I presume if the truth was known, many cases of sudden death occur in morphine habituates who accidentally strike a vein while taking their accustomed dose, and die of syncope in a few moments. In such cases do the leucocytes disappear from the blood entirely and does this destruction cause death, and if so, how? What relation does it bear to the vital force we call life? That instantaneous and great changes occur in the blood through very slight causes we know. More is, as yet, unknown; except that we know how death from electricity occurs, or rather, we know how the blood appears after such death. We also know that we can find present in the blood the micro-organisms which we call "plasmodia," which are present in malarial disease, and by the chemical agents we use now we can study the blood very carefully and thoroughly in sickness. There are too many classifications now of the corpuscular elements. When we know more we shall become more simple in classifying. An involved terminology and knowledge are not synonymous terms. The plasmic fluid carries with it all those filiogenic and osteogenic elements necessary for nutritive renovation of cells, and various anatomic elements have hemotoxic properties, i. e., can select and absorb those elements from the blood current that they need for repair! Now, if we accord to the leucocyte phagacytic properties, i. e., the power of destroying bacteria, and if we can prevent lessening of the corpuscular elements of the blood by preventing degeneration, we shall thereby prevent the human body from invasion by the micro-organism of consumption or the possibility of their multiplying after they do obtain entrance by antagonizing the morbid state of the system which permits those diseases by the multiplication of the micro-organisms which are causing disease and by preventing the death of the corpuscular elements of the blood and by the development of the accessory plasmic current or circulation, which carry the epithelial formations to neighboring parts, which is how cancer is deposited in the axillary glands. How can we do this? I answer by the careful, judicious use of electricity, using the static, the galvanic or the faradic or the individual current of electricity. There is no such combined restorative, refreshant and invigorator to the functions of the structures of the body as we can find in the judicious use of electricity. The mere possession and use of an apparatus is no guarantee of the cure, or even the relief, of a patient. More than this is needed. An accurate knowledge of the anatomy and biology of man, and of microscopy and of electro-therapeutics, is required. If we can increase phagacytic work on the part of the leucocytes and enrich all the corpuscular elements of the blood, which I think I do by my discovery of the "Glycero Acid Phosphate," a definite chemical compound of unvarying strength, much better than the animal extracts, which are liable to decomposition and the formation of poisonous ptomaines, and with a chemical formula of C44 H90 NPO9 it must give an extract equivalent of vital force, as it makes repair exceed waste in the system, and a condition of the highest resistance to disease of all kinds is brought about, which is inimical to tubercular phthisis, while electricity causes an oxidation of tissue and a destruction of the bacilli of tubercular phthisis. There is always a state of nervous asthenia in consumption and it precedes it. We can stop this with certainty by electricity and with the use of the Glycero Acid Phosphate, which has a scientific and published formula, and a recognition and a success awarded to it in the Journal of the American Medical Association that many preparations never get. If we can interrupt the processes which cause disease we have done much, and if we can antagonize those that step in and keep

up decay and waste by an opposite process of repair, we have done still more, and time will pronounce the verdict of success or failure, but in any event, careful study and thorough investigation should give a good method of work, at least. As a fact, however, the progressive loss of flesh, the night sweats, the loss of appetite, disappear in commencing consumption, and energy and force return, but the treatment is too new and important to form hasty conclusion. Examination of blood from suspected cases of consumption will be made for any reputable physician and the results furnished them, and new light may be elucidated.

No. 2184 Fifth avenue.

VASCULAR MOBILITY AND STASIS, INTERRUPTION, ARREST AND RESTORATION OF THE SANGUINOUS WAVE, PHYSIOLOGICAL AND PATHOLOGICAL.

BY THOMAS H. MANLEY, M. D., NEW YORK.

(Continued from September 2'th.)

ON NERVE AND PSYCHICAL INFLUENCE ON THE MOVEMENT OF THE BLOOD CURRENT, AND ITS EFFECTS IN THE ARREST OF HEMORRHAGE.

In the older works on military surgery we will find passages dwelling at length on that class of mortal cases on every battlefield wherein, although the soldier is found stiff and stark dead not a trace of wound can be found on his person. Schunecker, the surgeon general of the Great Frederick, believed that they were killed by the concussive effects of a musket ball, the missile passing close to the brain. Many other theories have been invoked to explain these mysterious cases.

Baron Larrey, Napoleon's renowned surgical head of his legions, gave this subject a close study, and in his extensive memoirs we may read to-day with great advantage the views of this warrior surgeon on this subject.

The great controversy has been whether or not those found on the field have not come to their death through sheer fright, through psychical shock inhibiting cardiac action.

Larrey, while dealing with the prevalent theories of his time and allowing due consideration to them all, himself was inclined to believe that in these cases death came through paralysis of the reflexes.

He tells us that at the battle of Friedland, when the Austrian army was drawn into an exposed position and the slaughter for a time was terrible, the number of dead among the enemy without any description of wound was very large.

In the French army he found that deaths of this description were mostly among the young conscripts and those in the advance of an attacking column.

Indeed, there can be no question but the number of deaths from terror or mental shock in a bloody battle must be very large.

Lord Nelson always ordered an extra allowance of rum to his sailors before he gave the enemy battle.

In fact it is a common, one might almost say instinctive habit to "brace up" with a drink of alcoholics before entering on an enterprise attended with great risk to life.

Last winter I had a singular experience in this direction with animals secured for me to carry out experiments on the organs.

After considerable trouble a dozen mice were secured for me, but be-

fore I could prepare one in manacles for the ether he was dead. This was so generally repeated by these timid, tiny creatures that I had to abandon all hope of doing anything with them.

All humanity instinctively dreads danger. Some face it with less perturbation than others, though all fear it.

In surgical operations, in those attended with great pain, although the adult male may not be wanting in fortitude his endurance is not great and he collapses under pain much more quickly than the more delicately organized woman.

Fright, then, is a most potential agent in depressing the heart action, and in some instances arresting the flow of blood altogether in the peripheral vessels. An inexperienced operator will cut and continue to cut in vain in his fruitless efforts to draw blood in phlebotomy. He incises over the course of the median-cephalic or basilic vein and repeatedly divides it, but not a drop of blood flows. As a matter of fact the vessel is collapsed and empty. The very thought of losing blood, the anticipated sight of it and the necessary pain in opening the vessel have all tended to unnerve the sensitive patient. This phase of mental perturbation, fright or mental shock is one of nature's great prophylactics in hemorrhage from injury.

An arm or leg is crushed off or badly mangled, large vessels opened and the immediate discharge of blood perhaps abundant. Our patient may have suffered pain or not in such an accident, though in several cases in which I have seen a limb crushed by a railroad or other accident, the patient was conscious of no pain at all. If this be present, however, in a marked degree, its effects in the circulation will be most marked, for pain is a most positive cardiac depressant. Added to this we will have the element of fright, the instantaneous contact, the dread anticipation of the consequences, along with the harrowing sight of the mangled limb.

When a person has his full consciousness, it has been my experience, that death from hemorrhage after the mangling of a limb is unusual. But it is somewhat different in young children, who bear shock or loss of blood badly, or with the intoxicated, who are rendered anesthetic and unconscious by a saturation of alcoholis. They do not realize their grave situation. The alcoholis has stimulated the circulation to over action. Among those suffering from grave injuries in our large cities a considerable proportion are inebriates, injured through rashness or carelessness. It is not uncommon for these unfortunates to have suffered a mortal loss of hemorrhage before efficient succor arrives. Many times I have seen them sink in the ambulance before they reached the hospital, or never rally after entrance.

The influence of pain and great fear on the circulation in arresting the blood current, in collapsing the larger peripheral vessels and entirely closing the capillaries, as a surgical aid to hemostasis, can be availed of only in the conscious state.

Under an anesthetic it is entirely absent.

In dealing with hemorrhage under the circumstances enumerated, we should employ unusual circumspection, with a view of guarding against danger from a secondary leak. Shock passes off, the natural warmth returns and the arterial impulse becomes augmented in volume and regular in motion. Reaction is setting in.

Supposing we have before us a grave case of compound shattered fracture with an extensive laceration of the blood vessels, what should be our line of conduct on the question of hemostasis? Well, in a limb nothing is easier than to effectively subdue hemorrhage, but the great problem before us, next to preserving life, is to save the mangled member, and this, of course, will be impossible unless the vascular continuity be maintained. We will do well therefore, under this contingency to be content with a thorough

cleansing of the wound, closure of the larger bleeding vessels and moderate pressure, with such adjuvants as will tend to aid in the revival of the nutritive forces. Vigilance will be now imperative in order to detect the first evidence of secondary hemorrhage.

If the loss be moderate in a robust patient it may be allowed to continue for a short time, when it will in most cases cease of itself. But in the exsanguinated or the hemophilic the dressings must be entirely removed, the bleeding points sought for and all securely ligatured.

Society Reports.

CINCINNATI OBSTETRICAL SOCIETY, APRIL 17, 1896.

Presentation of Specimen—Dr. Porter.

Mr. President: I will make this report as brief as possible. The first specimen is a uterus that I removed per vaginam at Christ Hospital two weeks ago yesterday. The patient is 46 years of age and has nine children, the youngest 4 years of age. She has been in good health until three months ago. About that time she was taken with a rather profuse uterine hemorrhage, occurring about the middle of the intermenstrual period. Dr. Edmund Shields, the family physician, called to see her and after treating her medicinally one or two days asked me to see her in consultation. She was bleeding so profusely on that evening that we thought best to pack the vagina. The next morning we administered ether, curetted the uterus and removed a ragged, rather hard piece of tissue, as large as a filbert. The specimen shows the point from which that piece of tissue was removed, on the posterior wall and a little to the right side. It would have been easy to have perforated the wall of the uterus at this point. The specimen has been examined by Mr. Berry and unmistakable evidence of cancer found in every section. I have a number of slides prepared and would be glad to have the members of the society look at them after we adjourn. The patient was advised to have the uterus removed, and after considering it for eight or ten weeks decided to have it done. The operation was done two weeks ago and I think I could safely let her get up at this time, but will probably keep her in bed a week longer or more.

Dr. Ricketts: Did you use clamps or ligatures?

Dr. Porter: Ligatures were used.

This is a case of extrauterine pregnancy. The patient, aged 34 years, has had four children, the youngest being about 8 years of age. Three years ago she had a miscarriage at about the eigth month, and the fetus had probably been dead a week or more. She menstruated last the 6th of February. In March she did not menstruate. She suspected she was pregnant, but had no bad symptoms until the 21st of March. At that time she was taken with a sudden and severe pain in the abdomen and was confined to bed for several hours. About the time she began to think of sending for a physician the pain subsided and she did not send. Two days later she had another attack of pain, but not so severe. She then went five days, to the 28th of March, when she had another severe attack in the night, which lasted several hours. On the 30th she had a still more severe attack and I was sent for. I saw her late in the evening. There was a profound shock. She complained of severe pain, the extremeties were cold, the face was cold, the pulse was very fast and thready and I felt sure she would not live long. I gave her a hypodermic injection of morphine and by morning she had rallied and was fairly comfortable. She was taken next day to the Good Samaritan Hospital. Two days after going to

the hospital she passed some little decidual masses. The diagnosis from the history alone was unavoidable. For years she had not missed a menstrual period until the one in March; the attacks of pain and the shock were characteristic, and finally the expulsion of decidual masses was almost unnecessary confirmation. The physical examination did not reveal much except the uterus seemed rather fixed and there was a great deal of tenderness on the right side. The operation was done on the 4th of April.

When the abdominal cavity was opened it was found filled with blood, mostly of a chocolate color, rather thicker than normal. All through the abdominal cavity there were black clots, showing there had been an early hemorrhage and one later. Rupture of right tube had occurred and it was adherent to the omentum.

The patient did very well for 24 hours. After that period she began to develop a rapid pulse and the temperature went up. The temperature, which had been 101 degrees for 24 hours after the operation, went up to 102 1-2 degrees about 30 hours after the operation, and the pulse became very rapid; at one time it was 156. She had lost control of the sphincters and there were involuntary discharges from the rectum and bladder. As she had been purged pretty freely and as there was no tympanitis, one-fourth of a grain of morphine was given hypodermically. By the next morning these symptoms had cleared up and her pulse come down to 120, and she has since progressed without trouble and is making a good recovery.

Presentation of Specimen, Dermoid Cyst.

Dr. Bonnifield: On examination per vaginam I found the uterus to the left side of the pelvis and high up, which made me think the growth was interligamentous. The fluctuation was so distinct and the tumor so uniform I believed I had a plain ovarian cyst. Upon opening the abdomen I found a cyst that presented nothing abnormal in the line of incision, and evacuated a fluid of a dark, coffe-ground color. I then found the growth was interligamentous and I had much trouble in dissecting the broad ligament from it. On examination of the tumor I found numerous masses of sebaceous matter which looked like the case Munde has reported. There are several pieces of bone and some eight or ten teeth, some of them incisors and some bicuspids. Also, in the lower part of the cyst there was a fresh blood clot and an organized blood clot, showing that bleeding had evidently taken place comparatively recently. So the tumor is a mixed one, dermoid in part and an ovarian cyst in part.

There was an unusual amount of stitching to be done, and at the best we could do there was a large amount of raw surface on the posterior part of the uterus. A drainage tube was left in 12 hours, but there was only a little drainage, about a dram every hour. She has had no trouble, and is getting along very nicely indeed.

Editorial

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THE NEW YORK CITY HOSPITALS AGAIN AND THE COMMISSIONERS OF PUBLIC CHARITIES.

We copy the following from our vigorous exchange, the Medical Record, September 19, 1896, on above subject:

"With the return to town of physicians and the advent of autumn the vexed question which during the past winter has troubled the medical profession, with regard to the appointment of physicians to the various medical positions in the gift of the commissioners, will come up again for consideration, for the matter is by no means settled to the satisfaction of the medical profession of this city, until its rights are fully recognized by the Commissioners and the medical colleges. The question underlying the subject is not with regard to the re-appointments of the men who lost their positions, for it is fully recognized that the commissioners had the undoubted right to declare their positions vacant if they saw fit, but that the right of nomination, and it may be said of reappointment, should rest with the medical colleges to the debarment of the general profession unless the candidates have the stamp of the medical colleges, is a matter of such gross injustice that until this wrong is righted no rest will come to either the commissioners,

the colleges or the medical profession."

The above is precisely the attitude the "Medical Times and Register" has taken on this whole rascally transaction.

Peace! There will be no peace or no truce until the plunderers have disgorged their ill-gotten goods, nor until the abettors and conspirators in this unholy transaction have purged themselves before a jury of their medical peers, or are thrown neck and heels out of the profession.

We are well aware that the above is strong language, but the eradication of corrupt practices requires drastic remedies, and a stop for all time must now be made of the plundering tendencies now rampant in New York medical colleges.

But we will bide our time and await events, the returns from the medical societies of New York, when the final struggle comes between the profession at large and the medical colleges at the annual elections. We have our eyes, too, on the New York State Medical Association and the County Medical Association, before which important medical bodies this question comes up for adjustment at an early date.

THE THERAPEUTIC TEST IN JOINT AFFECTIONS.

In a late exchange we have read with much profit an editorial on "Salicylic Frictions in Rheumatism" (Gazette Hebdomidaire, September 17, 1896). The writer sets forth with great clearness and commendable brevity the value of the salicylic salts in arthritis and muscular rheumatism, showing how under a multiplicity of circumstances this drug may be used with great advantage locally, where there is need for urgency in cardiac complications and it is important to quickly charge the circulation with this potent agent, and when there are conditions present enjoining its interdiction by the stomach, when it may be applied in linaments or ointments, or either alcohol or oil, which is a great solvent of it.

But what we would call attention to in this connection and urge its importance with all the emphasis we can command is the great value of the salicylates, locally and persistently applied, as a "therapeutic test" in the early stages of arthritic affections of infants and young children.

In these days of bacterial mania the mind of the young practitioner is carried away with "infection." A mother or nurse notices that the child has rather suddenly begun to limp, cries in his sleep and shows signs of disturbance of the general health. Now, the chances are 19 out of 20 that the case will be set down as "tubercular infection" or incipient hip joint disease, his limb hurried into a cage, a brace and the joints all locked, a pretty certain means of arresting growth in the limb and producing shortening.

The same may occur at the shoulder. Now, it should be borne in mind that rheumatism pursues an aberrant course in growing children, that arthritic changes may advance

without marked febrile changes, that the mon-articular type is common, and it should also not be forgotten that in those of a marked diathesis, a trifling sprain or contusion over a joint may light up a rheumatic inflammation.

It is needless to add that in very many of these cases, in order to reach diagnosis we must investigate into family history, look for febrile changes, etc., but the clinching test is the therapeutic. Give the joint rest in a comfortable bed, and persistently apply the salicylates, until all possibility of doubt is eliminated.

One need not always concede that the rhumatoid element is absent because occasional relapse occurs, or convalescense is tedious, for sometimes rheumatism pursues a subacute course in the child, as well as the adult.

Electro-Therapeutics

DR. S. H. MONELL, Brooklyn, N. Y., Editor.
Chief Instructor of the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics.

FARADISM IN OBSTETRICS.

BY R. J. NUNN, M. D., SAVANNAH, GA.

To the obstetrician electricity is useful chiefly in the form commonly known as the Faradic current, and this he uses ordinarily with a view to hastening processes, delays in which involve danger to the patient. Such, for example, is the case in the electrical treatment of that form of post partum hemorrhage which may well be distinguished as atonic, being the hemorrhage of inertia, as opposed to that resulting from a physical lesion. This atonic post-partum hemorrhage is easily recognized by the flaccid, uncontracted uterus by which it is accompanied.

In properly selected cases the effect of the application of the current is magical, and the control of the bleeding is rapid, complete and absolute.

My first experiment in the use of electricity in cases of this kind was in 1855, when I applied it to a patient under the care of Dr. J. B. Read, of this city, a Mrs. William C——r. Its application was in consequence of a previous discussion of the subject between the doctor and myself, resulting in an agreement to test the efficacy of the current in the first suitable case which presented itself. This happened to fall to Dr. Read, who still lives to verify these details and dates.

Ever since that time the current has been employed more or less generally in such cases by the physicians of this city.

The one cause which has retarded its more general adoption is the cumbersomeness of the apparatus heretofore presented to the profession and the other inconveniences attendant on their use, but with the appearance of the portable and efficient batteries now upon the market there is no reason why a suitable battery should not form a portion of the armamentarium of every obstetrician.

There is but little doubt that the use of the current has met with disfavor at the hands of some practitioners who have had failures to report in cases in which they had employed it. So can anyone report failures who uses the current promiscuously, as it will not control the hemorrhage consequent upon a laceration, nor could it be expected to do so, and it is its application to these cases; it is a want of proper selection of the cases; it is a certain amount of carelessness on the part of the practitioner which has led to reports adverse to the efficacy of the faradic current in post-partum hemorrhage.

An extension of application of the principles upon which the electrical control of post-partum hemor-

rhage is founded to the treatment of involution seemed to be legitimate and to offer a fair prospect of benefitting the parous woman by reducing to a minimum the number of the days of her lying up, and lessening, if not altogether suppressing the diseases consequent upon such involution and the persistence of a relaxed condition of the pelvic tissues.

The very tardy getting up of women after confinement is certainly the result of the artificial lives they lead and their many violations of the laws of nature in order that they may obey those higher laws of conventionalism which we are pleased to call civilization. These sins against natural conditions often manifest themselves during pregnancy by the thousand and one ailments which are now so common that their absence is regarded as extraordinary; and the result of the conditions is the establishment of that tissue softening which Graily Hewitt so well describes as a condition precedent to many uterine diseases. The result of this tissue softening is a want of tone, a lack of spring, an inability to recover from a disturbance. Either the nerve power is wanting or the muscles will not respond, or perhaps each cause contributes its share towards a result which is always unpleasant, often disastrous.

In cases having such characteristics the faradic current will prove of the greatest service, and by its judicious use and the simultaneous employment of careful asepsis and the proper supports, it is possible in suitable cases to avoid entirely the days of lying up usual after confinement.

It has not been my good fortune to have had an opportunity to bring these views to the crucial test of practice in more than one case, but in that one, a multipara, the result was highly satisfactory, the patient remaining in bed but 24 hours after confinement, and experiencing no suffering other than the inconvenience of a dressing renewed twice daily for a few weeks and then gradually discontinued, but in this case not only was there no suffering, as has just been said, but the treatment proved to be most beneficial, as it resulted in a cure of a prolapsus which the patient had inherited from a previous confinement.

DISCUSSION.

Dr. Morse: I have had some experience in using the faradic current in ordinary cases of tedious labor, and nearly always find it works as an aid in saving time and also in inducing powerful contractions of the uterus. The patients say that they can bear the pain better. It facilitates the labor all around. What I rise to speak of more particularly is a case of subinvolution I had five or six days after confinement. The uterus was large, soft and bleeding. I tried various remedies without any result at all. I applied the galvanic current, 100 milliamperes, with the positive pole in the uterus. The hemorrhage stopped almost immediately. I then used the faradic current, one pole in the uterus and the other over the sacrum, and then over the fundus at times, and the result was very marked. In that particular instance it shows what we can do with the faradic current. For the last three or four years I have always carried a small battery with me to save time and to save sleep. The patients I have used it with to whom I have gone a second time have always asked for it, saying that it gave them much relief.

Dr. Lapthorn Smith: I know a good many physicians who carry a small faradic apparatus in their obstetric bag; and men have told me they believed they had saved more than one life by having it along, particularly in cases of post-partum hemorrhage. I believe it is a means of arresting post-partum hemorrhage, and it is also a means of helping uterine contractions when they are not sufficiently powerful. Of course there are other means, quinine and ergot, but the application of the faradic current to the abdominal wall is very safe and simple and very speedy in increasing uterine contractions. No doubt it will do so.

On motion of Mr. Dickson the privileges of the floor were extended to Dr. Dame, of Toronto, who said: In respect to the use of the faradic current in post-partum hemorrhage, I have used it in menorrhagia from atonicity. In many cases where you have excessive menses this treatment gives very satisfactory results. Subinvolution from any cause will readily yield to its use. I have found it very useful.

Dr. Morse: I have a patient I have attended in three different confinements. In two cases I have used the faradic current. She did not have any after pains at all. I have in mind several cases where I have used it previous to birth to produce more forcible contractions, and I did not have to use the usual remedies for after pains that I had used before. It might not have had anything to do with it, but she has recovered without them.

Dr. Smith: I can quite understand that and I am glad that the doctor mentioned it. The after pains are supposed to be due to the presence of a clot in the uterus. Now we do not get a clot in the uterus when the contractions are good. It is when the contractions are not good that the hemorrhage takes place in the uterus; this excites the after pains, which expel the clot. I can understand that when you use faradism that you will get such good contractions right after labor that there will be no hemorrhage and no clot to be expelled.

A MONTH OF ELECTRO-THERAPEUTIC INSTRUCTION.

The editor of this department is gratified to note the many expressions of encouragement and good will conveyed to him by physicians who are interested in medical electricity.

The success of the Brooklyn Post Graduate School of Electro-Therapeutics is now assured beyond all uncertainty. The professional courtesy of local physicians was counted on from the start for the clinical work of the school is rigidly maintained within strictly ethical lines, but more personal and kindly co-operation has been received than was expected. Clinical material is referred to the school with a gratifying regard to the proper indications for electrical treatment, and more than one physician has personally brought in an interesting and deserving case. The school has at this date been open one month. The instruction given on regular clinic days (three times a week) has covered a wide range of operative technique, and applications for particulars and terms have come from an unexpected number of physicians-even as far away as California and Australia. Cases treated to-day numbered 21, distributed between galvanic, faradic and static administrations. With effective support it is possible for the very modest beginning made on September 7 to develop into a classified institution in which every specialty in both medical and surgical therapeutics could demonstrate the ways in which it was aided by forms of electric currents.

A certificate of study will be granted to all who complete the course of instruction satisfactorily.

—S. H. MONELL.

October 9, 1896.

Correspondence.

WAYSIDE NOTES.

BY ERNEST B. SANGREE, M. D., NASHVILLE, TENN.

The vagaries and peculiarities of the world's great men have always interested me. It must be acknowledged that to find small imperfections in the character of these extraordinary men gives a certain amount of satisfaction to a mere ordinary like myself. One of the best diagnosticians ever known is Professor Neusser, of Vienna. He is a perfect marvel of medical learning. A former assistant of his told me that several years since Neusser held a clinic every day for three months on icterus cases,talking from one to two hours each day on the subject and never repeating himself.

The ordinary text in medical works, you know, is in comparatively large type, and illustrations, side lights and various matters pertaining to the subject are often placed in smaller type, sometimes half a page or more at a time. They say of Neusser over there that whilst other men lecture in the large type, he gives both the large and the small. He is, however, one of the most diffident looking and acting men I have ever seen. I do not know the color of his eyes, though on several different occasions he stood in front of me lecturing for two hours at a time. He is a neurasthenic of the most pronounced type; his eyes cast down, his voice very low, monotonous and slightly hesitating; his hands constantly moving, now on the patient, the bed, his watch chain, collar, face, and not a quarter of a minute in any one place. He has no office, I am told, though he has some sort of a little cubby-hole under the amphitheatre, separated by a cheap, thin curtain from the operating room, where an occasional patient manages to interview him. He will not begrudge hours spent on a hospital patient, but it is a difficult undertaking for anyone else to get advice from him. I was told that shortly before I arrived in Vienna this summer, a wealthy American gentleman had vainly spent three days in pursuing Neusser about the city, in order to consult him, but finally gave up in despair. A tale is also told of a fabulously wealthy Russian prince, who telegraphed for an urgent interview, and received an appointment for a date three weeks later.

Current Medical Literature.

URINE IN EPILEPSY.

Obreja finds that the evening preceding an attack of epilepsy the toxicity of the urine is greatly diminished; but immediately after the attack it increases markedly, to diminish progressively afterwards. In the case of a criminal simulating epilepsy he was able to detect the fraud by examination of the normal constituents of the urine. He also states that the approach of a period of excitement in melancholia or periodic insanity may be prognosticated by a diminution of the urinary toxicity.—Universal Medical Journal.

INTUSSUSCEPTION.

On the several occasions on which I have been able to feel the bowel per rectum in intussusception the invaginated portion has imparted the sensation of the os uteri advanced in pregnancy. Although this is, when felt, diagnostic of intussusception, it has never yet proved of value to me in differentiating between tubercular peritonitis and that disorder; nevertheless it must not be forgotten that tubercular peritonitis, when it attacks the omentum, which it not infrequently does, often forms a sausage-like tumor, passing transversely across the abdomen, above the level of the umbilicus; and just such a tumor may be found in intussesception, when the small bowel invaginates the large.

Further, the sausage-like tumor of intussusception may prove as like as possible to that found in tubercular peritonitis, and in certain instances there may be an absence of peristaltic contraction in it; blood-stained mucus or blood in quantity may not appear; indeed, rarely this passage of blood may occur in tubercular peritonitis and the feces may be passed formed. To complete the picture and make the similarity more striking, there may be an absence of symptoms of obstruction—a relaxed abdomen and a facial expression by no means indicative of so serious a lesion.

In such a case as this, if the bowel was sufficiently low to admit of digital inspection, the discovery of such a condition as I have related as occurring in intussusception would prove of invaluable assistance in forming a diagnosis.

—Pediatrics—By Dr. George Carpenter, London.

ABSORBING POWER OF THE BLADDER.

Physiology has hitherto taught that the bladder is one of the organs which are covered with epithelium and which possesses no absorbing power. The author states that

clinical observation led him to suppose that the healthy bladder must certainly possess some absorptive power. His experiments consisted in the injection of certain chemical and microbic poisons within the bladder by means of a catheter. Only a slight amount must be injected, so as to avoid the effects of pressure and not cause the animal to urinate at once. Cocaine, strychnine and medical hydrocyanic acid killed the animals within a few minutes. Water appears to be absorbed to some extent by the bladder, but no absolute proof of this can yet be given. The absorption of chemical poisons by the bladder may throw some light upon urinary pathology and give an explanation of the fact that, from the evolutionary standpoint, renal retentions allow of longer preservation of life and health than retention within the bladder.

Pneumococci, septic vibrios and the pyretogenic substance of Charrin, when injected in the bladder. all caused death in the majority of instances, after variable lapses of time. Death occurred in five out of six rabbits after pneumococcus injections, and pleural and peritoneal exudations were found to have taken place, while there were no renal lesions.

MEDICATION BY THE RECTUM.

BY J. J. WOODWARD, M. D.

The history of enemata goes back at least to the times of the ancient Egyptians, who, as Herodotus testifies, had a custom of using emetics and clysters three days in every month for the purpose of preserving their health. The Greek physicians made great use of clysters in the treatment of the fluxes, particularly in dysentery and celiac flux, preferring this method to medication by the mouth whenever they supposed the morbid process to be seated chiefly in the large intestine. Sometimes they injected whey, milk, ptisan, broth of spelt and the like, intending thus to wash out acrid humors from the bowel and favor the efforts of nature to evacuate them; sometimes they aimed to sheath the intestinal mucus membrane and protect it against acrid humors descending from above by injecting oleaginous and gummy substances; or they endeavored to check the flux by injecting astringent decoctions of various kinds and to allay pain by clysters containing opium, hyoscyamus and other narcotics; finally, in ulcerative dysentery, and in the celiac flux, they essayed to stimulate the intestinal ulcers to cicatrisation by enemata containing various styptic and escharotic mineral substances, such as alum, the scales and oxide of copper, quicklime and the native sulphurets of arsenic. These more potent substances appear to have been avoided by Celsus; but the Arabians adhered in this respect to the Greek practice, which survived the middle ages and which still found defenders as late as the sixteenth century.

RECTAL ULCERATION IN FEMALES.

One of the causes of pelvic pain in the female—frequently overlooked—is rectal ulceration, at least, according to Dr. Wellington C. Burke, of Los Angeles, Cal., who has an article upon the subject in the Southern California Practitioner of July, 1896. The treatment consists in dilation of the sphincter in most instances. In early cases the diet which will leave the smallest residue will frequently be all that is necessary. Washing the rectal pouch with boric acid solution, applications of nitric acid or acid nitrate of mercury to ulcer, followed by packing and an opium and iodoform suppository are procedures worthy of a trial. Curettage, followed by application of balsam of Peru and iodoform gauze packing, has given good results. Specific cases will require internal medication as well. From a large clinical experience in gynecology for many years, I am sure that a careful examination of the rectum will in many instances reveal the cause of pelvic pains.

CANINE RABIES IN INDIA.

BY SURGEON CAPT. VAUGHAN, I. M. S., DEPUTY SANITARY COMMISSIONER OF WESTERN BENGAL.

One of my earliest experiences of rabies was as a child, when one of my near relations was bitten on the face by one of our house dogs which was obviously rabid. The case was treated by my father in a manner afterwards to be referred to, and with a "successful result." My next experience was that of a big, powerful man who died while under my treatment. All doubt in this case as to the diagnosis was set at rest by the history, and also by the results of experimental inoculations with portions of the medulla from the case. I was so impressed by this case that I have ever since made a point of carefully observing and noting all that has come in my way in the shape of canine rabies.

In every case the first thing which aroused my suspicions was an excess of freshness, a greater than usual display of affection for their master, and, if anything, a somewhat increased display of vigor and vitality in all they did, albeit combined perhaps with a slight nervous excitability in their manner; but there was no irritability or snapping at other dogs. With this there was, perhaps, a tendency to bark too much for no ostensible reason, or to bark now and again in isolated barks for nothing.

The excitability has shown a steady tendency to increase, and within 24 hours, or a little more, the look of increased "being-alive-to-all-about-him" in the dog's eye has become dulled, and replaced by a kind of half-drugged, "far-away" looking expression in the eyes and face, which is strangely out of keeping with the still somewhat restless and slightly excitable manner. At this stage, in my cases, the food has been eaten with an increased greed and haste; and though there has not been any tendency to attack other dogs so far, I have in two cases noted the dog to have developed a peculiar antipathy to the fowls and ducks about. There is still the curious isolated, purposeless, occasional bark, and there is about this time a distinct change to my ear in the timbre of the full bark, which is distinctly hoarser in the loss of the higher overtones, and reminds one of nothing so much as of the brassy voice in the cough in advanced aortic aneurism in man. In short, this voice condition is the first symptom of the weakening of the muscular innervation of the pharyngo-laryngeal region which is so distinctive of hydrophobia. At this time also may be noticed a frequent movement of the tongue, the dog "licking up the saliva in his mouth," as a friend once put it to me. Gradually the excited manner quiets down, and the whole deportment becomes more in keeping with the drugged look in the face and eyes, but the old excitement still occasionally breaks out, and the eyes flash up with a dull light in them.

So far we have reached the end of the second or third day. Now there is a period in which all excitement seems almost entirely to subside, but there are tremors in the limbs, subsultus tendinum in all four legs, and perhaps a quivering of the lower jaw, with a troubled, restless, snatchy sleep or doze, from which the dog awakes more restless than ever. He is now "quite mad," the old excitability has more than returned, the dead dull look is still in his eyes, which, when his attention is directed to anything, flash up wide open with dilated pupils, but the dull expression is not quite lost and the contrast between expression and action, the now staring coat and "tucked up" appearance, and the slight stagger of the hind quarters which has now also developed, all together make up a picture it is hard to mistake. The brassy, toneless bark has lost its higher overtones, and is constantly repeated in many cases, especially if the dog be tied up. The dog now refuses solid food though he may still take rice or soup. The temperature is raised, the urine high-colored and the feces almost black. Though still docile, and glad to receive his mas-

ters or visitors, perhaps with wagging tail and exalted demonstrations of affection, and if so, piteously out of keeping with his facial expression, it is now that he becomes uncertain. His jaws, perhaps, snap together on the coat sleeve he is licking in his excited affection, and he bites without meaning to. If he attacks an unwary dog venturing near, it is with the same exuberance of action and mad display of whatever feeling is for the time uppermost, affection or animosity.

From this time on he seems gradually to lose his self-control, and so gradually becomes more and more dangerous. Even at their very worst my cases have never altogether lost control of themselves, and I have gone, carefully gloved, up to my worst cases, and patted them and led them, and even when they have been secured with double chains and collars they have still known me and been quiet; but they have snapped their jaws on me, unintentionally, as shown by their manner, and have shown that the mental change —if one may use such a term for a dog—is essentially one of excitement with loss of control. The paralysis of the hind quarters and of the pharyngo-laryngeal region increases, and the period of excitement passes more or less quickly into one of deepening stupor, from which there are often sudden convulsive awakenings; the intervals between these grow longer, and finally death closes the pitiful scene.

I have watched the whole course of the disease carefully to the very end in one case of my own, and also in another case. In my other three I shot the dogs when they became unmanageable by the servants. I always tied them up when the dull look came into the eye, though I had watched them very closely before then.

It is clear that the disease I have sketched is the form known as "furious rabies." Dumb rabies begins much in the same way, in my experience. The restless sleep seems to me the turning point, and the dog wakes up paralysed and with dumb rabies, or with the "furious" form.

To my mind a very dangerous period is while the dog is in the preliminary stage of excitement, just before his expression changes, for the nature of the case is then so hard to recognize. But that it can be recognized is shown by my four cases, which occurred in November and in December, 1892, in September, 1894, and in September, 1895, respectively.

The last case was that of the kangaroo hound. There were six of us at dinner after a day's shooting, when the dog suddenly came into the room, quietly enough, and one of the company called him to him. I then noticed the curious exuberance of the dog's manner while being petted, and immediately stopped his familiarity and had him taken home and tied up. I did not then express my fears to our host, but my diagnosis proved fearfully correct. My servants would not believe it, but next day, when the brassy purposeless bark rang out, one of my men exclaimed, "Sahib, 'Knight' is barking like 'Donovan' who went mad so suddenly; is he going mad, too?" I was evidently not the only one who had noted the peculiar bark of rabies!

I am aware that there are probably many points which I have not touched on, such, for instance, as the eating of straw, chips of wood, apparent and perhaps real insensibility to pain, and to certain stimuli, and hypersensibility to other stimuli, such as the mere whisking of a handkerchief over the face, and so on. I have not touched on "dumb madness" either, but my intention has been rather more to dwell on the preliminary or earlier symptoms, than to attempt anything like a full clinical treatment of the subject.

A point of very great importance which I would next touch on is the question of the immediate treatment of bites from rabid or doubtful animals. With my own dogs out jackal hunting, or in the case of bites received in any way and at any time, my plan has always been to wash the wound freely at once, or as soon as possible, and then to burn it, not with solid nitrate of silver, as is

the usual practice, but with fuming acid nitric fort. or acid hydrochloric fort. Even in the case of bites from rabid dogs this plan has effectually prevented hydrophobia. It was the plan adopted in the case of my relative still living, referred to above as bitten twenty-four years ago by a rabid house dog.

On one occasion a dog, obviously rabid, "ran amuck" straight through my house, biting everybody and every dog that came in his way. The dogs bitten were similarly treated, and none took hydrophobia.

I don't think the same trust can be placed in nitrate of silver, and for this reason: Let us suppose we are dealing with a deep bite from the long canine fang of a dog. What has happened? The tooth, a blunt instrument, has been driven by main force through the skin into the tissues, and, when so driven in, was coated with the poison-containing saliva, which was forced into the intercellular spaces of the tissue penetrated by the tooth, and although some of it lies in the wound cavity or lines the edges of the wound cavity inside, some or most of it has been jammed into the inter-cellular spaces around that cavity, and lies deeper in in the tissues. The wound cavity in the meantime is filled with, and its sides wetted with, serum containing albumen. The nitrate of silver stick now penetrates into the wound cavity, reaches the saliva and serum lining its sides, kills the lining cells, and coagulates all the albumen within reach. The albumen film thus formed makes, I submit, a protecting film which only protects the deeper-lying saliva and its poison; and in a deep penetrating bite shoving in a stick of nitrate silver hard is very much like repeating the bite, and serves to drive the deeper-lying saliva only deeper still into the tissues and so to place it farther outside, and hence better protected by the albumen-coagulum film formed in the wound by the nitrate of silver treatment. If no albumen were coagulated in the wound, the caustic would or might reach the farthest off and most deeply-lying saliva. But as nitrate of silver forms an albumen-coagulum, why not use an equally strong caustic which forms no coagulum? Hence the use of the fuming acid, which dissolves all albumen it reaches, and penetrates at once without the use of force into all the surrounding tissue spaces. The same holds good for all kinds of bites, and the penetrating acid kills all it reaches. One or two drops suffice for each bite, and the slough soon separates, and the clean wound then left heals readily. I have treated a great many bites in this way, and when my own dogs have gone mad I have invariably found that they had been bitten while I was away from home for some few days on some inspection duty.

Holding the views I have above indicated, I have always strongly objected to cauterizing any bites with nitrate of silver, and have invariably advocated the use of strong acid. But whatever the immediate treatment is, it must be prompt. Otherwise, though a domestic animal may be kept under observation, for the human subject there is nothing for it than a visit to a Pasteur institute, and the sooner India has one the better.

—Indian Med. Gazette.

Current Surgical Literature.

T. H. MANLEY, M. D., New York, Editor.

THE FADS AND FASHIONS OF SURGERY.

BY S. O. RICHEY, S. O., WASHINGTON.

Annals of Oph. and Otol., April, 1896.

In this paper the routine use of many operations is condemned. Most of these are operations which a few years ago were either unknown or only rarely performed, but which lately "have come into fashion."

Tonsillotomy is necessary in emergency, but should not be a routine practice; it removes redundant tissue, but leaves untouched the disease that will soon reproduce it. The cause of tonsillar hypertrophy is probably constitutional—abnormal digestive and metabolic processes, which will surely not be cured by removal of proliferated tissue. "Applications to the surface of the gland serve no purpose whatever, but by the use of proper agents in the crypts, injected gently or passed through the orifices on a cotton holder, the organ will gradually shrink until the age of atrophy." The agents recommended are silver nitrate, to promote constructive metamorphosis; kali permanganate, to excite active oxidation; salicylic acid, to neutralize morbid and irritating deposits.

Excision and cautery of the hypertrophied turbinated bodies occurs more frequently than is justified.

The hypertrophy is often the first stage of an atrophy; the operation must, therefore, accentuate the final condition, and adds a cicatrix which collects the secretions and causes increased and never-ending annoyance. A consideration of the anatomy and physiology of the nose shows that what is required is to reduce the calibre of the arteries in the "upper straight," thereby diminishing the influx of blood, removing their pressure on the sinuses, and thus permitting efflux of blood. This is to be done by applying very gently a 4 per cent. solution of cocaine to the upper meatus, to be followed by a 2 to 10 per cent. solution of silver nitrate. The middle and lower meatus may be left alone, as their function is only drainage, and they soon come right of themselves.

Removal of adenoids is open to similar criticism. Often, if left alone, they do no harm and ultimately come right of themselves. Operation does not remove their cause, but may give rise to immediate severe ear disease and leave the nasopharynx to become, not only far too large after the age of puberty, but covered with hard nodules, which collect secretion and cause constant irritation, or even ulceration.

Excision of the drum membrane with the malleus and incus is justified by a suppurative process whose focus cannot be more simply reached, but for sclerotic catarrh it is to be condemned. It does not help at all to retard the disease; on the other hand, it removes from the delicate structures of the middle ear

their natural covering and protection. Richey places his reliance "almost entirely upon vapor or iodine, with good though not uniformly satisfactory results." The rest of this paper is devoted to similar criticism of various operations on the eye.

ERYSIPELAS TOXINS AS A TREATMENT FOR MALIGNANT DISEASE.

Drs. L. A. Stimson, A. G. Gerster and B. F. Curtis at a recent meeting of the New York Surgical Society submitted the following report upon the use of erysipelas toxins in the treatment of malignant disease: "We believe that in the instances of apparent cure or marked improvement the correctness of the diagnosis is open to doubt. We therefore submit: 1. That the danger to the patient from this treatment is great. 2. Moreover, that the alleged successes are so few and doubtful in character that the most that can be fairly alleged for the treatment by toxins is that it may offer a very slight chance of amelioration. 3. That valuable time has often been lost in operable cases by postponing operation for the sake of giving the method of treatment a trial. 4. Finally, and most important, that if the method is to be resorted to at all it should be confined to the absolutely inoperable ceses."

—University Medical Magazine, September.

CONSERVATIVE SURGERY IN THE TREATMENT OF HEMORRHOIDS.

Dr. J. B. Bacon urges conservative surgery in treating hemorrhoids. He claims that a varicosed condition of the hemorrhoidal veins does not call for any different surgical process than for the care of varicose veins in other parts of the body. Any operative procedure that destroys or interrupts the anastomosis of the venus plexus, either of the external, internal or intermediate veins, will as a rule relieve permanently the hemorrhoids. Such an operation, as a thorough divulsion of the sphincters or massage of the varicosities, will cure many cases of hemorrhoids that are of the internal variety.

There are certain principles that have governed surgery in the past and will continue in the future. One of these is to ligate a bleeding vessel. Why should an exception be made in operating for hemorrhoids? The anatomy of the hemorrhoidal veins suggests the operative procedure for relieving a varicosed condition of these vessels. A segment of the varicosed system of veins must be removed. One segment on each side of the anus is sufficient; therefore, if the larger tumors are removed, one at least on each side, the varicosed system of veins is broken, and the remaining varicosities are absorbed and disappear.

—The North American Practitioner, June.

APPENDICITIS FROM THE POINT OF VIEW OF THE PHYSICIAN.

From an etiological, as well as from a pathological point of view, the patient with appendicitis has many chances of his disease terminating fatally. Before pus has formed, before ulceration has perforated the coats of the appendix, and before the appendix has become gangrenous and sloughed, the danger to the patient is a prospective one. During this stage of the malady the physician must adopt a course of active medical treatment. Morphine should be administered in large doses subcutaneously, and should be repeated at short intervals until the pain is entirely relieved. A mustard plaster should be applied until the skin is reddened, and this should be followed by hot flaxseed poultices. A saline cathartic—sulphate of magnesia, in drachm doses, is the best—should be repeated every hour or two, until copious watery move-

ments from the bowels occur. These measures tend to relieve the congestion of the intestinal mucous membrane and to modify the inflammatory action. If the case is one of so-called catarrhal appendicitis, in which there is no foreign body and no abnormal concretion giving rise to the inflammatory process, the inflammation may undergo speedy resolution and the patient quickly becomes convalescent. But on the other hand, resolution may not ensue, and the patient may not get well.

If, however, the trouble is caused by a foreign body or an intestinal concretion, these measures will do little good, except to keep the patient quiet while the doctor is thinking what to do next.

Cases of this kind and cases of catarrhal appendicitis, which have not undergone resolution, may be classed together. They are of great gravity and importance. Unfortunately, during the first stage of the disease it is generally impossible to tell just what the cause of the trouble is.

How long may medical treatment be continued? For not more than 24 hours, and not later than 48 hours from the commencement of the disease, unless distinct evidence of positive and continuous improvement is observed. If it is not observed, call upon a surgeon to operate and call upon one who will operate. In this way alone will you do your duty to your patient.

—Boston Med. and Surg. Jour.

THE SURGICAL THERAPY IN ANGIO CHOLOCYSTITIS, NON-CALCULOUS.

M. Raymond Petit, Gazette Hebdom, September 20, 1896, enters into a consideration of the above subject with some detail.

In our day, he maintains, the surgeon will find no field more vast than that which embraces the liver, its reservoir and ducts; thanks to our knowledge of infective processes and our improved technique in operations.

Infection, he claims, plays a dominant role, with biliary lithiasis a second in importance, as a causative factor. Some authors place calculus formations first, which is correct, if we admit those which are infected.

Traumatisms of the liver now come within the domain of surgery. It is true, as we know from the researches of Messrs. Duchs and Netter, that an escape of a small quantity of bile may result in no harm; on the contrary, when the quantity is large and especially infected the peritoneum tolerates it badly.

Recent observations by both Kehr and Routier go to prove that when symptoms of rupture of the gall-bladder are evident we should at once open the abdomen, clear away the bile and provide for its drainage, externally, until the rent is healed in the gall-bladder.

The surgeon is often called to treat tumors of the liver, and those along the course of the gall passages, although it is commonly when they are malignant, have attained a large size, arise from the pancreas or in the retro-peritoneal tissues. In these cases little more than palliation can be afforded, as a cholocystostomy or cholocystenterostomy.

The operations for biliary calculi are many, and now are generally well formulated. Aseptic gall stones in the bladder are inocuous, but when they are infected the case is widely different.

The infecting agents which may contaminate the biliary canal reach them by three sources: First, the arteries; second, the veins; third, the lymphatics, and fourth, by the canals themselves, the last being the most general.

The most common microbe in the biliary passages is the bacterium-coli of Escherich, a constant inhabitant of the intestinal canal, though sometimes the typhoid bacillus or that of Koch, the comma-bacillus, the streptococcus, the stophylococcus or the pneumococcus may be

found here. Finally we may sometimes have an absolutely sterile empyema of the gall-bladder.

The author enters at length on the various types of hepatic infection, with Loquet dividing them into two groups: First, infection of the biliary arbor, which include (a), radical infection; (b), ramuscular infection (angiocholites); (c), truncular infection (cholodocites). Second, infection of the biliary accessories, including (a), biliary infection; (b), pyohemic, biliary; (c), cold abscess of the liver. Many authors of to-day regard cirrhosis of the liver as a result of infection, as does Hanot hepatic hypertrophy.

Sabourin and Le Dentu have both found specific microbes in hypertrophic cirrhosis. Chauffard and others have advanced the hypothesis of cirrhosis resulting from a secondary infection.

Already such surgeons as Le Dentu, Pierre, Sequard, Quenu, Terrier, Routier and Dolbet have operated for hepatomygaly.

In all therapy a cirrhosis without ictorus, a congestion with hypertrophy.

In pericholo-cystitis with pus formation we should proceed as with a case of appendicitis.

INTRACTABLE VOMITING CURED BY PYLOROPLASTY.

Professor Agostino Paci, in Il Policlinico, reports a case of vomiting, which was slowly but surely threatening the life of the patient from inanition. After every other means had been tried in vain, an operation on the pylorus was suggested as a last resort. The condition found was stenosis of the pylorus, with extensive adhesions to surrounding structures, caused by an old perforating ulcer. The pylorus was incised and longitudinal incision made transverse by stitching, thus securing tissue for the re-establishment of the lumen of the pyloric orifice.

The post-operative course of the patient was uneventful. No liquid or food of any kind was allowed for four days, then nutritive enemata were given. On the fifth day some broth was given. On the seventh day an egg was allowed. The patient has not suffered since from any of the former obstructive symptoms.

—Amer. Jour. of Med. Sciences.

SUSCEPTIBILITY AND IMMUNITY TO SURGICAL INFECTION.

BY JOSEPH RANSOHOFF, M. D., F.R.C.S., CINCINNATI. O.

Experimental research has developed very important data in connection with susceptibility and immunity to many of the acute general infections in which a local lesion may or may not play an important part; but not on so wide a plane upon the infections that are generally known as surgical. With the exception of tetanus and hydrophobia, in both of which the local invasion is trifling in comparison with its general results, no very satisfactory results have been developed from bacteriological examinations and experimental inoculations. To hydrophobia and tetanus animals have been made immune. In these acute infections only, of those which interest the surgeon particularly, is there any analogy, therefore, to the immunity begotten by experiments, or the natural invasion of the germs of disease. That this immunity is in some way connected with chemical changes in the blood serum is probably true, and, as is well known, has been made the basis of all modern serum therapy.

The surgical infections are strongly contrasted with those general diseases, a single attack of which begets immunity, in that immunity never results from a single invasion. On the contrary, the very presence of the milder, or even the more virulent, pus-formers, and of the streptococcus of erysipelas, has a distinct tendency to produce their local repullation, until through overgrowth the soil becomes barren, and in this manner the local immunity is established. But this immunity is rela-

idenced by the frequency with which the same surgical infections recur in a given territory. It may be said that the previous existence of a surgical infection, for reasons which are not yet clear, render the individual more susceptible to the infection than one not previously so affected. The breaking up of an anchylosed knee, an osteotomy too soon pertively short; this is sufficiently evformed after the apparent cure of tubercular disease of the joint, a plastic operation made at a date apparently safely removed from a destructive suppurative process, have all been followed by disastrous results consequent on surgical infection.

—Am. Jour. of Surg. and Gynecology.

Current Literature in Obstetrics and Gynecology.

E. D. KINNEY, M. D., Boston, Editor.

SUBCUTANEOUS EMPHYSEMA IN LABOR CASE, REPORT BY DR. MACE.

The patient, after being two hours in labor, felt a sudden pain at the level of the left breast. The neck and cheeks soon became swollen, the eyelids could scarcely be opened. The forceps was at once applied, and the child delivered, so as to save the patient from the danger of further efforts. The emphysema disappeared within a fortnight. In Depaul's case the patient died, though the forceps were applied directly the symptoms were detected. Greslou, in discussing Mace's case, stated that he observed subcutaneous emphysema in a primipara of twenty-four, also after two hours' labor. During violent pain she felt that her right cheek was swelling, and the air penetrated rapidly into the cellular tissue of the face and neck. At the next pain a male fetus, nearly nine pounds in weight, was expelled, Greslou refraining from using the forceps, as the labor was clearly ending of itself. The emphysema vanished within a week. Mace recommended a little opium after delivery. Guenict thinks that the narcotic is unnecessary. The patient should be forbidden to draw a deep breath, and must be kept perfectly quiet until the effusion of air disappears.

CYSTS OF THE OVARY.

It is sometimes possible to detect in the ovaries the small cysts or dropsical graafian follicles, which are not infrequently found post mortem. The uterus, being a freely movable body, is not easily detected in this way, and readily eludes the finger which pushes that organ before it, but by a bimanual examination any marked abnormality could be easily appreciated if the bladder be emptied. In young children the uterus can be rolled between the finger and the symphysis pubis, and its contour made out with ease.

Displacements of the ovaries and tubes into the inguinal and crural openings sometimes occur. The youngest ovariotomy on record is by Chiene (Edin. Med. Jnl., 1884, 1132), of Edinburgh, in a child of three months. A swelling in the inguinal region suddenly occurred, and when various measures had been adopted for its relief the infant was operated upon. The contents of the sac were the ovary and fallopian tube. A rectal examination was not made, but if it had been, a fresh light might have been shed on the case.

—Pediatrics, Sept. '96.

Therapeutical Progress.

THE HYPNOTIC EFFECT OF PELLOTINE.

Professor F. Jolly reports his clinical tests with pellotine muriate (the new hypnotic introduced by Dr. Heffter, of the Pharmacological Institute, of Leipzig, and manufactured by C. F. Boehringer & Soehne, of Mannheim) in the Therapeutische Monatshefte, June, 1896. He employed pellotine muriate, preferring this salt on account of its ready solubility in water; his experience covers 40 cases at the Charite Hospital, of Berlin. In one-half of these cases the drug was administered during the day, either by mouth or subcutaneously; doses of one-third grain (0.02) caused languor and sleepiness in quiet patients, but usually this effect followed only after three-fifths to nine-tenths grain doses—causing several hours' sleep within one-half to one hour after administration. In some cases the pulse rate was decreased, in others not at all, and only at the beginning of sleep. In painful affections (lancinating pains in tabes, neuritis and ischias) sleep was also induced, but an anesthetic effect was only occasionally noted before and after sleep. In excitable and delirious patients the above-mentioned doses were insufficient; even two-grain (0.12) doses did not produce sleep, but had a calming effect—lasting all day—on the patient.

In 20 cases the drug was administered at night as hypnotic, and three-fourths to one and one-fifth grain (0.05—0.08) doses were found to equal in effect 15 grains of trional or 22 to 30 grains of chloral. Of side-effects, excepting the inconsiderable slowing of pulse-rate, a few patients exhibited giddiness and a feeling of unrest before sleep ensued; a few also complained of similar feeling upon awakening in the morning. In several cases the hypnotic effect was not produced, but in these other hypnotics had also proved ineffectual. In no instance were serious side-effects noted.

The author then quotes six typical cases from his records, in which four, one and five hours' sleep were induced in three cases; one slept through the night for three consecutive nights; one slept peacefully through the night, while otherwise her rest had been frequently broken; and one slept fairly well—although there occurred two periods of wakefulness.

Professor Jolly's report is generally favorable, and he concludes that he will continue the use of this new agent and will render additional report after more extended trials.

—American Therapist, August, 1896.

CAMPHOR AS A CARDIAC STIMULANT.

In Germany more use is made of camphor in the treatment of collapse than in this country. Its effect is more lasting than that of ether. Schilling recommends that from a

half to one gramme may be safely given. He employs a solution of one part of camphor and ten of olive oil. The drug leaves the body within a couple of hours, and has no cumulative action.

—Munch. Med. Wochenschrift.

COLD BATHS IN DELIRIUM TREMENS.

We read in La Presse Medicale, 1896, No. 4, that cold baths are very effective in quieting even the most violent attacks of delirium tremens. The temperature of the water should be 18 degrees C. The patient is placed in the water up to his shoulders, and it is poured over his head. The bath is repeated two or three times the same day. This treatment has given surprising results in two cases in which all other measures were ineffectual. A few glasses of warm wine were given afterward, followed by a quiet sleep.

—N. Y. Med. Record.

INTRODUCTORY LECTURE ON BOTANY.

BY S. N. SEN, M. B.,

Lecturer on Botany, College of Physicians and Surgeons, of Bengal.

Gentlemen: I consider it a high privilege and honor to be placed in the position I now occupy, and of which I feel myself so unworthy.

Thanking you for your cordial reception and taking the advantage of the favorable circumstances presented before me, I have taken up this responsible work. Here I stand before you, not as a teacher who has come to give you lessons or learned lectures, but as one who still wishes to be a student in the vast field of science and intends to study a particular branch thereof in company with you. I bow to you, for "there may be geniuses hidden amongst the young faces within this classroom." A student of science can never cease to be a student, his life from beginning to end must pass in continuous study, so as to keep abreast with the advancing times. In his inaugural address the worthy president of this college has clearly narrated the rapid progress of the science of medicine since its birth.

In the preliminary remarks each of us would likely demonstrate the spirit of the "man of the leather." Each one tries upon our mind the importance of his own subject and claims its superiority over others. The professor of medicine tries to make us understand that his is the most important branch of medical science. The professor of surgery maintains that the study of the science and art of surgery is the most interesting to the students and claims the advantage, over the study of medicine, of the practicability of visual confirmation of the diagnosis made during life by exploring, etc. * * * The anatomist declares that the study of the human physique is the supporting pillar of the study of medical science. In short, everyone repeats the same words—"nothing like leather." From all these there is only one conclusion to draw—the almost universal relationship and scope of the science of medicine. To become a medical man one should be acquainted with almost all the branches of knowledge; he must be up to any emergencies that may possibly arise in the course of human life.

We are to study both science and art. We are to learn both theories and practice. Art might have reached its zenith, but science is ever progressing. In arts the pupil seldom excels the master, but in science the pupil begins where the master ends. The field of science is vast and inexhaustible. Students, you are set to work on it. Gather the fruits of knowledge therefrom. The ladder of advancement is before you, and you are fortunate enough not to have been placed at the very bottom of it. You are given the advantage of the various inventions and discoveries of science—the fruits of labor and life of past geniuses. Don't fail to make the best use of them. You are fortunate

enough to have been placed in an age when communication and exchange of thoughts and experiences are so easy, when the furthest corners of the known world are linked together by steam and electricity, when a single invention or new discovery not only raises the people amongst whom it is made but lifts up the whole world. The brains of geniuses work for the whole world. Edison was born not for his own native village alone but for the whole scientific world.

Great men lift the whole world with them in the steps of advancement. Medical students, you are endowed, not only with your poor unfertile brain, but the brains of Hippocrates and Brown-Sequard, of Barnes and Lister, to work within you. By the law of heredity you are in possession of all the treasures accumulated by them. And now what are your duties? You children of rich fathers are not to squander away the valuables stored up by them, but you are to make the best use of them and to add to their numbers. You are to furnish new materials for the construction of the edifice of science, which will never be completed and made perfect, but will ever be increasing in beauty and magnificence. Begin where your masters have ended. Try to add one stone more to the edifice of medical science. Your life will be highly valued if you can discover one truth of nature.

Your profession is a noble one. You fight against the faults and frailties of human nature—the invariable causes of disease. You try to restore order in the system which has been disturbed by the violation of some laws of nature.

"No effort of oratory," to quote the words of his Excellency, the Viceroy, in his opening address of the First Indian Medical Congress, "is requisite to describe the noble profession whose chief aim is the relief of human suffering and which offers opportunities to those who follow it for the exercise of some of the highest qualities of which our nature is capable—the prompt decision of purpose, the courageous, or, if need be, the heroic devotion to duty which we sometimes specially claim for man, the intuitive instinct, the quick and ready sympathy, the tender care which we gladly confess finds its highest example in women." These words from such a high personage are surely encouraging to you medical students who are now laboring under many hardships and inconveniences.

ANALGESIC AND SEDATIVE EFFECTS OF LACTOPHENIN.

Dr. H. D. Peterson, in a "Clinical Report on Lactophenin" in the Chicago Medical Recorder (August, 1896) says:

Among the newer remedies of this class (analgesics and antipyretics) is lactophenin, one which so far seems to offer the best results with the least ill effects. Clinical tests have shown it to be of especial value in relieving pain and reducing temperature gradually, and maintaining it at a lowered degree without frequent repetition. It is not disagreeable to the taste and is easily administered. The dose is 5 to 10 grains, and 45 grains may be given in a day. In doses of 15 grains it acts as a gentle hypnotic.

The author then reports a number of cases, from which we epitomize:

M. F., aged 37, laborer, suffered for years from periodical attacks of articular rheumatism, often preventing him from working. Lactophenin in 8-grain doses, four times daily, completely relieved him from pain; other remedies, especially salicylates, had failed.

Mr. W., aged 40, business man. Long troubled with insomnia and frontal headache; extremely nervous from want of sleep; a 10-grain powder of lactophenin at bedtime dispelled headache, and sleep followed; no unpleasant symptoms in the morning.

Mr. S., aged 27; periodical attacks of migraine. One 8-grain powder of lactophenin entirely relieves.

Mrs. D., aged 20, housewife; severe headache accompanying typhoid fever. Headache disappeared and did not return after 8-grain dose of lactophenin; no noticeable effect on temperature.

Mrs. B., aged 25; facial paralysis on right side, and neuralgic pains on left side. An 8-grain dose of lactophenin relieved the pain and produced sleep.

Dr. Peterson concludes that "where speedy relief from pain is desired lactophenin offers as good results as any remedy at our command."

SARCOMA OF THE SKIN CURED BY ARSENIC.

A case of sarcoma of the nose, with secondary nodules in the face, treated by Pospelow (Arch. f. Dermatol. u. Syphilis, vol. xxxiv, part 2) with large doses of arsenic (up to three-fifths grain daily) for a considerable period. The tumors entirely disappeared, and two months later had not recurred. The author expresses himself as in no way certain that recurrence will not yet take place. He warns others against too early abandonment of the treatment in similar cases, as very large doses must be given for two or three months, at least, before a result is looked for. The character of the tumor was in this case determined by histological examination.

THE PURITY OF COCAINE.

To every physician, surgeon and specialist who employs cocaine hydrochlorate the absolute purity of the product used is a matter of paramount importance. Cocaine is used in the most delicate operations; it is applied externally, hypodermically and internally, and in whatever manner used it may cause suffering and grave results if the product is impure.

To make cocaine absolutely pure it is necessary to eliminate allied alkaloids and all inorganic substances, and this requires the most perfect technical methods and scrupulous care in the manufacture.

Boehringer & Soehne, as leading makers of cocaine and the first to improve the process and furnish a chemically pure product, offer the assurance that all cocaine supplied in original vials with the "B. & S." label is absolutely pure, or uniform highest standard of quality, and reliable.

B. & S. cocaine hydrochlorate is supplied in chemically pure, anhydrous, well-defined, perfectly white crystals; it meets the requirements of the United States Pharmacopia as well as all other standard tests.

For ready determination of presence or absence of dangerous allied alkaloids or impurities in cocaine we quote these official tests:

Test 1. Dissolve 0.1 gramme cocaine hydrochlorate in 5 ccm. water (making a 2 per cent. solution) in a clean glass-stoppered vial, adding three drops diluted sulphuric acid; then add one drop of a one per cent. solution potassium permanganate, which produces a pink or violet tint. This tint will not visibly decrease within half an hour if the cocaine is free from cinnamyl-cocaine and other dangerous impurities.

Contamination with isatropyl-cocaine (a violent cardiac poison, which is stable toward the permanganate test) and other basic impurities may be detected by MacLagan's ammonia test, viz:

Test 2. Dissolve 0.1 gramme cocaine hydrochlorate in 87 ccm. water and then add three drops of ammonia; for a few moments the solution will remain clear, but rapid stirring with a glass rod will cause a prompt cyrstalline precipitation of free cocaine. If isatropyl-cocaine is present a milky turbidity will immediately ensue on addition of the ammonia; if other impurities are present they will prevent the crystallization of the cocaine.

B. & S. cocaine will stand both tests, as well as all other official tests, perfectly; it is a chemically pure cocaine, of the highest possible standard of quality.

FERRATIN.

Marfori (Archiv. Ital. de Biol., Tome xxiii, Fasc. 1-11) publishes the results of some recent experiments upon the absorption of ferratin and its physiological action. He states that the quantity of ferratin that can be obsorbed depends largely upon the condition of the mucous membrane of the gastro-intestinal tract. Sulphuretted hydrogen, which accompanies putrefactive processes in the intestine, slowly decomposes ferratin (it immediately precipitates ordinary iron compounds.—Ed.), and so reduces the amount capable of being absorbed. The large amount (13.7 to 41.68 per cent.) that occurs after administration of saline purgatives Marfori ascribes in part to the aseptic condition of the bowel, and in part to the fact that the saline purgatives cause a desquamation of the upper layers of the intestinal epithelium, and therefore expose a thinner layer of young cells through which absorption more readily takes place.

When the gastro-intestinal canal is in its normal condition the absorption of ferratin is much less, according to Schmiedeberg, but since the latter's experiments render it impossible to distinguish between the iron of the ferratin and the iron introduced in the food, Marfori proceeded as follows: He administered to the animal a saline purgative, and fed it solely on milk; the lower part of the intestine was also cleared of saline enemata. About a week later ferratin was given in repeated doses. The amount absorbed varied between 11 and 30 per cent. of the amount administered.

With reference to the question whether ill-effects might not arise from long-continued administration of the drug, Marfori found that it was impossible to poison animals by injecting large doses into the blood; nevertheless, a man would need to take about two and a quarter pounds of ferratin in the course of a month to produce a similar result, assuming as a basis for calculation experiments on dogs. Since he would actually, however, only receive about one-twentieth of that amount, there is no danger in continued administration of the drug, a statement confirmed by clinical experiments.—Univ. Med. Magazine, Nov., 1895.

PAIN RELIEVED WITH UTMOST SAFETY.

Albert M. Williams, A. M., M. D., of Bradford, Pa., says: "I have used antikamnia in my practice since its first introduction and used it extensively. At first I was a little cautious and a little apprehensive, and rarely ventured on larger doses than five grains; but for several years I have given it in ten and fifteen-grain doses to adults, and when needed, repeating every hour or two hours. I have rarely been disappointed in controlling pain, if the pain was of a character to be controlled by medicine. In severe neuralgias or any severe form of pain, my method is to prescribe ten grains to be given every hour till the pain ceases. I seldom use morphia or opium in any form. I have seen so many unfortunate victims of the opium habit that I shun its use, and antikamnia is my sheet anchor. The effects of opium and its alkaloids, too, are most disagreeable to many people. I always suffered untold misery when I had taken even a small dose of morphia; itching and nausea especially continuing for about two days. There is none of this following the use of antikamnia, and I have never heard of a victim of the antikamnia habit. I have yet to see the first case where any alarming symptoms have followed its administration. I have for a long time been in the habit of prescribing it in a little larger doses than are recommended, and any bad results from its use must be due to some idiosyncrasy on the part of the patient."

Prescriptions.

GRANULAR CONJUNCTIVITIS.

R.—Mercuric oxide.....3 gr.
Zinci.
Thymol.
Muriate of cocaine.....ea ½ gr.
Camphor .....½ gr.
Vaseline .....1 oz.
M. ft. ung.

—North American Practitioner.

LOCAL TREATMENT OF BALDNESS.

Tinct. cantharidis.... .....4 fl. drs.
Tinct. capsici..... .....1 fl. oz.
Ol. ricini .....½ fl. dr. to 1 fl. dr.
Alcoholis, q. s. ad .....4 fl. ozs.
M. Sig.: Rub thoroughly into the scalp.

SICK HEADACHE.

Critzman administers every two hours a capsule containing

R.—Sparteine sulphrate.....0.3 gr.
Caffeine citrate.....1.5 gr.
Antipyrin .....8.0 gr.

Sig.: Four of these capsules are to be given, even though the pain may have completely disappeared.

If there is gastric intolerance, which frequently occurs, this mixture may be given in the form of an enema.

—New York Medical Journal.

WHOOPING COUGH.

Dr. Murrell orders a mixture containing

R.—Oil of amber.....10 m.
Powdered gum acacia.....1 dr.
Syrup of orange flower.....2 dr.
Oil of anise.....3 m.
Water .....to 1 oz.

For a liniment the following formula is useful:

R.—Oil of maber.....6 dr.
Oil of rosemary.....1 dr.
Oil of origanum.....1 dr.
Oil of turpentine.....1 oz.
Linseed oil.....to 4 oz.

—Pediatrics.

FEVER BLISTERS.

Camphor .....5 grs.
Arrowroot, powdered .....30 grs.
Bismuth subnitrate ....30 grs.
Cold cream ....4 drs.
M.

FOR CORNS.

Painted on the corn night and morning for several days, when the corn will, as a rule, come readily away:

Acid. salicylici .....30 grs.
Ex. cannabis ind .....10 grs.
Collodii ....4 fl. drs.
M.

—Monthly Retrospect.

ANTISEPTIC PASTILLES FOR GARGLES.

Fuerst recommends for the antiseeptic treatment of the pharynx and the nasal fosses the use of pastilles composed as follows:

R—Boric acid.....150 grms.
Salicylic acid .....15 grms.
Sodium chloride.....30 grms.
Saccharin .....3 grms.
Oil peppermint .....1 grm.
Oil eucalyptus.....1 drop

Make into 300 pastilles.

One pastille dissolved in a cupful of boiling water yields, when cold, an excellent gargle. After having

used two-thirds of the solution for gargling, the cup should again be filled with water and this diluted solution snuffed up the nose.

—American Medico-Surgical Bulletin.

BRONCHITIS WITH HEART DISEASE.

Dr. Arthur Foxwell gives the folfowing prescription for damaged lungs with bronchitis, complicated by enlarged heart and failing right ventricle:

R—Pot. iodidi.....gr. iij
Extr. stramonii.....gr. ¼
Extr. glycyrrhizæ.....gr. ij
Aetheris sulphurici .....m v
Liq. arsenicalis.....m ij
Aquam .....ad oz. j

To be taken five times a day.

—The Scalpel.

BURNS AND SCALDS.

R—Ol. lini.
Liq. calcis.....aa oz. iv
Acidi carbolici.....gtt. xxx

M. Sig.: Apply freely.

—New England Med. Monthly.

CARDIAC DROPSY.

In heart affections with dropsy and disturbed compensation, Zaugger has good results from:

R—Pulv. digital. fol.....gr. iss.
Diuretin..... .....gr. xv
M.

M.

Or,

R—Pulv. digital. fol.....gr. iss.
Pulv. camphor.....gr. ¾—iss.

M. Sig.: One such powder three or four times a day.

—Giornale Intern. delle Scienze Med.

Miscellany.

PAT'S VISIT TO THE DOCTOR.

A friend and acquaintance, who hails from the Emerald Isle, was recently taken ill with some trivial complaint, and it was but natural that I should pay him some due attention during his indisposition. I had frequently prevailed upon him to engage the services of a good physician, but he appeared to have a hatred of medical men in general and my advice and pleadings seemed of no avail, until one evening, on my calling as usual, I noticed he was in a graver mood than he had been for the past fortnight, and I inquired the cause of his apparent discomfiture and lack of energy.

"Wal, ye see, 'twas this way," he began in his original mode of expression and in the native brogue of old Killarney. And here let me say that it is his simplicity of thought and expression, his benevolent disposition, and coupled with this the amusing light in which he views the most serious matters that has been the means of making us the close friends the reader now finds us. But to continue in the words of Patrick: "I got ter thinkin' ov whot ye s'id about ther doctor, an' sez I ter meself, sez I, maybe he's roight; so I wint ter see him. This was yisterday, an' divil a bit ov pace ov moind I've hod since."

"Why, how did visiting a physician destroy your peace of mind, Patrick?" I asked him.

"Wal, I'll till ye all about it; 'twas this way. Friday mornin' I sot over there in ther rockey chair whoile me woife fixed things up a bit, an' after she hod made up ther bid I tould her I hod made up me moind ter go an' see ther doctor. She sez no, but I sez yis, an' thot sittled it, do ye see. I'd oughter known bitter thon go on a Friday, but, bedad, I drissed meself, an' all ther toime me Biddy was flingin' persanal remarks at me about me hovin' a pig head, an' raidin' ipetafs from their tombstones in ther graveyard over ther way.

"Wal, as luck would hove it, I comminced combin' me hair wid me woife's comb, an' av ye want ter git a siperation away from yer woife jist curry yer head wid her comb an', bedad, an' ye'll git it, fer it's sure ter cause a partin'. It moight hove done so yisterday, but I dropped it jist as soon as I seed me disroightfulness, fer av me Biddy caught me usin' it, bedad ther moight hove been sume taith broken, do ye see.

"Wal, I got me ridy at last an' wint to see ther doctor, an' jist as I wint ter knock on ther dure I seed a little tin sign which sid on it: 'Patients walk in widout ringing;' so in I started, an' sure an' I hadn't no mure thon stipped on ther rug whin a bill began ter tingle an' bedad, an' off I jumped, wint out an' cum in agin by stippin over ther trap. Sure 'twas me first visit ter a

doctor, an' I wanted ter do ther thing roight, do ye see. But I've been thinkin' iver since it's a killin' shame ter make ther ladies jump over thot rug iviry toime they cum on a visit, so it tis, it tis.

"It moight hove been, though, thot ther doctor hod a daughter whose name was Patience, an' he wanted her to cum in widout disturbin' ther family, so it moight.

"Wal, bedad, I hod ter wait a long toime whoile ther doctor took out a stitch frum a mon's soide, an' whoile I sot there lookin' around ov me I saw a couple ov citivicats ov dith hangin' on ther wall roight ferninst me. I suppose thot's whot they were, inyway, fer they hod a big spot ov blood on wan corner. So sez I ter meself, sez I, av he only kilt two paple as long as he's been a doctor, thin I think I stand a fairly good chance ov livin', do ye see.

"Oh, yis, an' ther' was another dith notice hung up in wan corner thot hod a grane spot on it, but thot must hove been fer a Swade, so it don't count a-tall, a-tall.

"Wal, whin he got through wid ther mon wid ther stitch he called me into his privat' office and acksed me whot was ther trouble, an' I tould him I hod been playing lawn tennis an' thought I hod ther Rickets. He sid yis, I did look sorter thin an' rickety. Thin he took hould ov me rist, an' I thought he wanted to shake hands wid me, so, bedad, I shook his hand, but he sid no he wanted ter feel me pulse, do ye see.

"Wal, he wrote a couple ov notes an' handed thim over ter me, an' I noticed thot aich wan ov thim hod an R in wan corner, so I acksed him whot thot was fer, an' he sid thot mint they were subscriptions. So I ups an' tills him thot I hod alridy subscribed fer thray magazoons an' wan ivery-day paper, an' I couldn't afford ter subscribe fer inything ilse, do ye see.

"Thin he snickered at me, an' sid ter take thim ter a ladin' druggist, an' he'd give me some medicine; so, bedad, I hove it in me moind thot thay were only notes ov ricimmindation.

"But as fer thot ladin' druggist, sure I didn't know iny more whot a ladin druggist was thon inything whatsoever a-tall, but I kape me mouth closed so as not ter show me disintilligence. An' thin he tould me a big gumble ov things ter do, an' all I kin remimber was ter take thray drops wance a day, an' wan pillet thray toimes a day; an', bedad, an' I nearly laughed roight in his countenance whin he sid thot. The idea ov him callin' a pullet a pillet; inyone thot iver raised chickens knows bitter thon thot, do ye see.

"Wal, whin he got through talkin' nonsinse, I tould him he hod ought ter write-type whot he hod ter till his patients, an' thin they wouldn't disrecollict it; an' seein' a sign thot rid advice wan dollar, I gave him me bill an' wint out, do ye see.

"Wal, I wint down on Chistnut strate, an' jist as I got ter thot little store kipt by a mon by ther name ov Jinnymaker I sees a drugstore mon whot I know cumin' along ladin' a blind mon, an' thin I knew wot ther doctor mint by a ladin' druggist, do ye see?

"Wal, ther was sum frozen ice on ther pavement, an', bedad, an' I hadn't gone mure thon thray fate whin me brogins flew frum under me an' down I wint, an' nearly broke me pulse. Faith, an' I must hove looked commecul standin' wid me fate in the air. An' don't ye belave it, I took wan stip mure and fill agin. So, sez I ter meself, sez I, ther doctor tould me ter take thray drops wance a day, an' bedad, an' I've hod two, but av I take ther third it's a corpse I'll be an' not a citizen ov United States, do ye see?

"Wal, I wint ter ther store ov ther ladin' druggist an' he hodn't cum back yit, but ther was a barber there in a white coat, so I tould him I'd wait fer him, an' whin he cum I gave him ther notes and he gave me a bottle of stuff thot looked loike water an' a box ov little candies thot I gave ter ther kids, an' anouther box ov things thot looked loike little sausages only they hod lids ter thim. An' thin he charged me a dollar an' a quarter, an' I tould him to charge it, do ye see.

"Wal, on me way home I stopped in ter see a frind thot kapes a gin shop, an' whin I got home Biddy sez I was drunk, but I sez no, I hod been takin me medicine what ther druggist gave me an' I got a drop too much. 'Oh,' says she, kinder sarcistic loike, 'I thought as how ye moight hove been out in ther rain and got a drop too much.' Smart Biddy's gettin', ain't she?

"But bad luck ter ther doctor whin he tould me ter ate wan pullet thray toimes a day; sure, an' I've ate two terday an' I hove a load on me stomach loike a hod ov bricks. An', bedad, an' I don't belave he knows much; he tould me me system naded a thorough clanin' out, an' ter take a physilic. Wal, I thought I'd clean things out in a regular spring-house-clanin' stoyle, so I drank a cup ov hot water an' swallowed sum soap, an' faith an' I feel as though I hod been pulled through a ringer. I've a buzzin' in me ears loike a hoive of bees; maybe I hove ther hoives, I can't till, neither I kin. Biddy put a wit shate on ther bid terday, an' thot may hove sumthin' ter do wid ther ringin', I don't know. But it's not goin' ye be?"

"Yes," I replied, "I must leave you now, and trust you will be feeling like a new man in a few days, after you are relieved of the trials and sufferings you have doubtless endured through listening to my unwise council."

"Wal, now lit me give ye sum intilligence, av your sick stay ter home an' moind yer own affairs an' lit ther doctor alone. An' now good noight ter ye, an' God bliss ye."

JOSEPH F. HOSTELLEY.

CONSOLATION.

"Doctor, this is the worst attack I ever had."

"Never mind; it will be your last."

—Washington Globe.

OUR MOTHER-IN-LAW.

Mrs. Joseph R. Clausen.

On whom so oft do we depend?
Who comes to us the day to spend,
That she may help to bake or mend,
The mother-in-law.

Who is it comes when we are ill?
And goes to work with so much skill,
And oft-repeated tasks fulfill?
The mother-in-law.

And when the baby frets and cries,
'Till sleep's a stranger to our eyes;
To soothe that baby, how she tries,
The mother-in-law.

And when the work has ceased to pay,
Who kindly tries to cheer the way,
And help us out, when comes rent day?
The mother-in-law.

And should she believe we go astray,
And that thinks she should have her say,
Shall she not point the better way?
The mother-in-law.

A GRIEF AND A REFLECTION.

She was sitting on the curbstone,
And she wept and sobbed aloud,
While her little friends stood near her
In a sympathetic crowd.
"What's the matter, dear?" I asked her;
"Are you hurt or are you sick?"
"No; I've sucked my all-day sucker,
Till there's nothing left but stick!"
Well, a penny cured her trouble
With another "sucker" quick;
But why is it that life's taffy
Nearly always ends in "stick?"

—Bessie Chandler.

MISUNDERSTANDING.

Shopman—"Kid gloves, Miss?"

Little Girl (indignantly)—"No; grown-up ones."